



MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name Margaret R Ro	And de	Office: ☐ Senate					
Mailing address 446 G/lege	ST	District 74					
City, zip code Lewistan	M E 04240	Phone 201784325,					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each employer from whom y economic activity of each employer.							
Name of Employer	Address	Principal Type of Economic Activity of Employer					
Bates College	Lewiston ME	= Educatics					
		No Shahada da wasan inga sa kata na mana mana kata Angang ngang ng Galada na Sarah Sarah na kata sa sanggang ng					
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT  (For Legislators who are self-employed.)							
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.							
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)					
Name: Address:	na v og Primancial i sanakana						
Name: Address:							
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PART 2 (continued). INCOME DERIVED FI (For Legislators who are self-e		MENT			
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or pedisclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	erson from whom you de	erived such income. If this form of			
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income				
Name:	A				
Address:					
Name:	repaired in the section of the secti				
Address:		No.			
PART 3. MAJOR AREAS OF (For Legislators who are attorneys	SUNGER STREET OF BUILDING THE PROPERTY OF STREET				
List your major areas of practice. If associated with a law firm, list the major are	андырында үчүлиш мерінерен күрен күрінерен күрен күрен үчүлінің а				
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)			
Name:		V V V V V V V V V V V V V V V V V V V			
Address:					
Name:	ditt. A 4.4.4. de 4.4.				
Address:					
PART 4. OTHER SOURCES	OE INCOME				
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		ts. If none, check the box.			
None :	HEIGHT-METHAUTHUR (OLCOWISCUT) GANTLANDHRINGE (NICHAN) HEIGHANAN FONNYTHUR GANT HUF HAFF	ng paun na-gang-paun na mana na manandrahada di Pashada kadi da na Birba Mark di na hiliku na hidad di Birba Birba Nadi Andalan Masiliku			
Name and Address of Source		Kind of Income (investments, leases, etc.)			
Name: RM Davis The.					
Address: 24 City Center Portland	MECTION	investments			
Name: TIAACRET, A	การสาขางการสาขางสาขางการสาขางการสาขางการสาขางสาขางสาขางสาขางสาขางสาขางสาขางสาข	reparations from the second contract of the s			
Address: 730 mind the Now on	NY 1001	in ves monts			
PART 5. REPORTABLE LIABILITIES					
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If none, check the box.					
None					
Name and Address of Creditor		Principal Type of Economic Activity of Creditor			
Name:	OCCUMANISES CO.				
Address:	o Service statistics				
Name:					
Address:					

PART 6.	S. REPORTABLE GIFTS
List the specific source of each gift of more than \$300. Including none, check the box.	clude gifts with an aggregate value of more than \$300 from a single source. I
None	
Name of Source of Gift  1.	Name of Source of Gift  3.
ADDITION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DE LA COMPANIE DESCRIPTION DE LA COMPANIE DE LA COM	4.
PART 7. RE	EPORTABLE HONORARIA
List the source of any honoraria accepted for appearances or	or speeches related to your legislative responsibilities. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
	3.
2.	4.
	TATION BEFORE STATE AGENCIES
List each executive branch agency before which you represe tox.	sented or assisted others for compensation of any amount. If none, check the
X None	
Name of Agency	Name of Agency
	3.
2.	4.
PART 9. BUSIN	NESS WITH STATE AGENCIES
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	ber of your immediate family sold goods or services with a value in excess of
None	\$\forall Institute of the first text and the
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE FAMILY
	of income of \$1,000 or more received by your spouse or domestic partner or
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	d of income represented. If your spouse or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Relationship Kind of Income Income Received
Name: Loring M DanforTh	1. Teaching Spouse or 1. Draplogment /w
Job Title: frofessor	2. Investments Domestic 2. Dividends 3.
	<b>建设建设</b> (金) 每年中午中
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	
activity and the kind of income.	Dependent Child

PART 11. OFFICI	ER OR DIRECTOR	POSITIONS		PART 11. OFFICER OR DIRECTOR POSITIONS							
List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position											
was compensated. If a family member listed, indicate your relationship and the name of the family member.											
None Organization/Business	elljenskal filologie dak emist oden ing fremening stremen stationed daksine ellipsie ellipsie elipsie elipsie B	Position Held	Family Member's	Compen-							
and Address	Title	By:	Name	sated?							
Lewistan Education Fund	Member										
Lewister School Dept	Board Of	Self		NO							
Oak St Luistan 04240	Directors										
Margaret Chase Smith Policy Center	Member of	Self									
Margaret Chase Smith Policy Center University of Maine at Ovono 5784 York Complex. Blds. 4	Memberg the Advisory Board	-74° , (		V Q							
ST84 York Complex. Blds. 4 Orong, ME 04467	Board										
	SIGNATURE										
A Legislator who willfully fails to file a required statement	is subject to a fine o	f up to \$100. (1 N	И.R.S.A. § 1017-A	)							
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)											
williamly filed a raise statement, it stall refer its findings of	ract to the Attorney t	General. (Tivi.R.)	5.A. 9 1019)								
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1/1/1/4 (Allorda) — Jan 3/ 7010											
Signature Date											
		/ ·									
ADDITIO	NAL INFORMATIO										
ADDITIONAL INFORMATION  Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for											
the information you are providing.											
Part/Section Number											
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Name											
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